

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 25, 2009**  
**Secretary of State**

DOCUMENT# N08000003408

**Entity Name:** SOUTH FLORIDA STINGERS BASEBALL CLUB, INC.**Current Principal Place of Business:**3101 RUSTIC LANE  
NORTH FORT MYERS, FL 33917**New Principal Place of Business:**1506 ROOSEVELT AVE  
LEHIGH ACRES, FL 33972**Current Mailing Address:**PO BOX 4133  
FORT MYERS, FL 33918**New Mailing Address:**1506 ROOSEVELT AVE  
LEHIGH ACRES, FL 33972**FEI Number:** 41-2278567**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RICHARDS, CINDY  
3101 RUSTIC LANE  
NORTH FORT MYERS, FL 33917 US**Name and Address of New Registered Agent:**ADORNO, CATHY  
1506 ROOSEVELT AVE  
LEHIGH ACRES, FL 33972 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CATHY ADORNO

08/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ERHARDT, HERB  
Address: PO BOX 4133  
City-St-Zip: FORT MYERS, FL 33918

Title: V ( ) Delete  
Name: NASON, STEPHEN  
Address: PO BOX 4133  
City-St-Zip: FORT MYERS, FL 33918

Title: S ( ) Delete  
Name: RICHARDS, CINDY  
Address: PO BOX 4133  
City-St-Zip: FORT MYERS, FL 33918

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ERHARDT, HERB  
Address: 1506 ROOSEVELT AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: V (X) Change ( ) Addition  
Name: NASON, STEPHEN  
Address: 1506 ROOSEVELT AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: S (X) Change ( ) Addition  
Name: ADORNO, CATHERINE  
Address: 1506 ROOSEVELT AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE ADORNO

S

08/25/2009

Electronic Signature of Signing Officer or Director

Date